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			Attorney Docket Numbe	er
DECLAR	ATION F DESI	OR UTILITY OR	First Named Inventor	Jung Yuan Lee
PAT		PLICATION	COMPLETE	E IF KNOWN
(37 CFR 1.63)		Application Number	/	
	. —		Filing Date	•
Declaratio Submitted	OR L	Declaration Submitted after Initial	Group Art Unit	
with Initial Filing		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
OPTICAL SUBASSEMBLY WITH REPLACEABLE OPTICAL SLEEVE									
the specification of which (Title of the Invention)									
is attached hereto									
□ was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as									
amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFA 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
90220078	Taiwan	Nov/21/01	םםםכ						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number	(s) Filing Date	e (MM/DD/YYYY)							
		,	Additional provisional application						
·			numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
L									

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DECLARATION — Utility or Design Patent Application

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I hereby claim the t United States of Al United States or Po information which is and the national or	T International ap	plication in	the manner	provided by		ne daims or	unis applicat	ion is not disclos	ed in the pri	
U.S. Parent Application or PCT Parent Number						iling Date	F	Parent Patent Numb		
					÷					
Additional U.S.	or PCT internation	ial applicat	tion numbers	are listed on	a supplement	al priority data	sheet PTO	/SB/028 attached	hereto	
As a named inventor and Trademark Offic	I hereby appoint	the following		practitioner	s) to prosecute	this applicati	on and to tr	Place Cus Number Ba	s in the Pate nomer or Code	
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				PATENT :	TRADEMARK OFF)			
	ered practitioner(s)	named or	supplemen	tal Registered	Practitioner I	ntormation sh	eet PTO/SB	/02C attached he	reto	
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Given N	ame (first and n	niddle (if a	anyi)		Family Name or Surname					
	Jung 1	luan			Lee					
Inventor's Signature	- L/I							Date	12/20	
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Addition	onal Joint Inventor,	if any:		A pe	tition has been fi	led for ti	his unsigned	inventor	
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Given Na	me (first and middle [if a	any])			Family Nar	ne or S	urname		
							٠,		
Inventor's Signature						-	Date		
Residence: City		State		Country			Citizenship		
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City		State		ZIP		Countr	у		
Name of Addition	al Joint Inventor, if a	any:	[A petition	n has been filed	for this	unsigned in	ventor	
Given Nam	ne (first and middle [if ar	ıy])			Family Nam	e or Su	mame		
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